

MISSOURI DEPARTMENT OF HEALTH STATE PUBLIC HEALTH LABORATORY

DATAMASTER MAINTENANCE REPORT

RECEIVED DHSS Breach Alcohol Program By Carol Day at 8:00 am, Mar 15, 2010

water,						
Complete this report in duplicate at the time of the regula is repaired. Send copy to Department of Health; retain original		check, and whenever instrument				
DATAMASTER SN S/N #204132 MSHP Inventory #127314	03-05-2010					
LOCATION OF INSTRUMENT (STREET AND CITY) Kimberling City Police Department, #34 Kimberling Blvd.	TIME OF INSPECTION 0848					
CHECKLIST: Place a check (<) to the left of each item if fo in observed values where determined.) Unchecked items mus	und to be satisfactory or if operating	y within established limits. (Write nt.				
DIAGNOSTIC CHECK (PRINTOUT ATTACHED)						
☑ COMPUTER	☑ DETECTOR					
☑ PROGRAM	☑ FILTERS					
☑ HEATERS SAMPLE CHAMBER °C	☑ QUARTZ STANDARD	☑ QUARTZ STANDARD				
☑ FLOW DETECTOR	☑ CALIBRATION					
☑ PUMP HIGH SPEED						
☑ INDICATOR LIGHTS						
☑ TIME AND DATE						
☑ SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34.0 deg	rees Celsius					
☑ CALIBRATION CHECK -						
Run three tests using a standard solution. All three te	ests must be within + 5% of the st	andard value and must have a				
spread of .005 or less. Check the box corresponding to						
RECIRCULATION PUMP)	•					
☑ 0.100% STANDARD - MUST READ BETWEEN 0.095%	and 0.105% INCLUSIVE					
O.040% STANDARD - MUST READ BETWEEN 0.038%						
(ONLY ONE STANDARD IS TO BE USED PER MAINTER	NANCE REPORT)					
TEST 1 0.102% TEST 2	0.103% TEST 3	0.103%				
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)						
☑ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE F	REPORT, AND NUMBER OF BREATH	1 TESTS IN EACH RANGE AS				
FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)						
REFUSALS 0 (004) 10 (.0509) 0	(.1014) 1 (.1519)	0 (Over .19) 0				
List any new parts and describe any alteration or modification	on that was made to restore the ins	trument to operate satisfactorily				
and within established limits (use other side if necessary)	17 C. W. A. D. A. LOGG					
NOTE: High number of 0.00% tests due to Type III renev	val tests for water Patrol Officers					
This instrument was found to be operating within establishealth.	hed guidelines and parameters set b	y the Missouri Department of				
Repco 0.10% Solution. Lot #09001. Bottle #0946. Expire	s on April 22, 2011 at 2359 hours.					
INSPECTING OFFICER						
SIGNATURE	PRINT NAME					
▶ "IROPER Cank G	Trooper A.K. Buff					
type II permit numbervexpiration balk Permit #920061 / Expires 03-23-2011	TELEPHONE NUMBER (417) 895-6868					
1 OTHER #740001 / DAPHOS 0J-4J-4011	[[711] 022-0000					

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Warketing, Inc. LOT NUMBER: 09001 EXPIRATION DATE: April 22, 2011 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number <u>09001</u> of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain <u>.1214</u> gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is <u>April 23, 2009</u>.

The expiration date for this lot number is <u>April 22, 2011</u> at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President RepCo Marking, Inc.

Face This Side Down - This Edge In First

BAC DataMaster **Evidence Ticket**

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--- MINISTER DESIGNATION ---

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Face This Side Down – This Edge In First

BAC DataMaster

Evidence Ticket

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Operator Signature__

Printed on recycled paper with agri-based inks

Printed on recycled paper with agri-based inks

CMSU 2

inted on recycled paper with agri-based inks

perator Signature__

Operator Signature_

State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE II



ADAM K BUFF

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

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